Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	No 3 Portsmouth
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	20 May 2026
Centre ID:	OSV-0008001
Fieldwork ID:	MON-0044850

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

No.3 Portsmouth provides residential supports for up to 8 individuals (male and female) aged over 18 years. It provides support to persons with moderate to severe levels of intellectual disability, including those with autism. The services that are currently provided in the designated centre are full time residential. Residents require full support in activities of daily living and to access local community facilities and events. The centre is comprised of two campus based units, located on the outskirts of a city, within access to local community facilities. Central facilities provided on campus include hydro therapy swimming pool complex, gymnasium, extensive grounds with lawns, trees and safe and scenic pathways, sensory garden, chapel. One unit, a large bungalow, can provide support for up to six residents with high medical needs. The second unit comprises two single-occupancy apartments. The staff team comprises a mix of nurses, social care leaders, social care staff and care assistants. Staff supports are available both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 May 2026	10:05hrs to 16:50hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in No. 3 Portsmouth. This designated centre was registered to provide full-time residential services to a total of eight adult residents. At the time of the inspection, six residents lived in the designated centre.

Overall, residents were provided with a good level of care and support in their home. There was evidence of effective oversight of the centre to ensure the safety of residents. However, it was identified that not all incidents were reported to the Chief Inspector of Social Services as outlined by the regulations.

No. 3 Portsmouth was located in a campus-based setting in Cork City, providing supports to persons with moderate to severe levels of intellectual disability including autism. Four residents lived in one house, while two residents lived alone in self-contained apartments. The inspector met with four of the six residents who lived in No.3 Portsmouth on the inspection day. Each of the residents' homes were observed to be clean, warm and decorated to reflect the residents' personalities, likes and interests. Three of the residents met with were non-verbal communicators using gestures, vocalisations and body language to communicate their needs. Assistive technologies were also used to support residents to communicate. One resident was a verbal communicator and spoke to the inspector about their life in their home.

On arrival to the centre, residents were observed getting ready for the day ahead. Swimming was planned for one resident and it was evident by their vocalisations that this was an activity they enjoyed and were looking forward to. Staff noted that there were plans for the pool to close for renovations however, they were linking with another local pool to see if the resident could use this facility during this time. Staff noted that this was important for the resident, and that they received physiotherapy whilst in the pool. A swimming plan was observed in the resident's personal file outlining the physiotherapy exercises the resident completed with staff support.

Staff noted that one resident enjoyed socialising and people-watching. The resident's armchair was located by a window where they could observe people coming and going each day. This resident enjoyed going to mass, playing sports and enjoying a cup of tea in the canteen located on the campus where they lived. The resident enjoyed meeting friends and staff members as they did so for a chat. When they met with the inspector, they were watching a concert on television and reading a book which staff noted was a new hobby. Although the resident told the inspector they liked to go out to purchase books, staff noted that they were also a member of their local library. The resident spoke about their life, family and love of a good party. A photograph of the resident attending the wedding of a staff member they

had known a long time was on display in their home, with the resident reporting this was a good day.

During the inspection day, a resident requested to listen to a C.D that had been made by a family member who was a musician. Staff supported this request and the resident appeared very proud as they listened to the music with the inspector. This connection to family was important to the resident, and it was evident they were supported to keep in touch with their family regularly. Staff noted that they visited them regularly, and that they very much enjoyed time spent with their family. This was evident as the resident showed the inspector photographs of them with their family.

As part of the centre's annual review, the registered provider sought the view of residents' representatives on the quality of care provided to residents in their home. The responses were positive in nature. One response stated they were 'incredibly satisfied and most appreciative of everything this is being done' for their family member. A second response stated that 'staff regularly phone to inform us of anything'.

Throughout the inspection day, residents appeared comfortable and relaxed in their home. Smiling was observed and laughing was heard throughout the inspection day as residents went to and from their home to activities and day services. It was evident that staff spoken with knew the residents and their support needs well. For example, when supporting a resident to put on their jumper, staff noted the way liked to wear their sleeves and supported them to wear their clothing in this manner. All observed interactions were kind, respectful and promoted the dignity of each resident. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe service in their home. There were two vacancies in the designated centre at the time of this inspection. Management noted that there were no plans to admit a resident to No. 3 Portsmouth, and that the provider was considering if they would reduce the capacity of the centre when renewing the centre's registration.

The registered provider had failed to notify an incidence where a staff member was under review by a professional body in line with the regulations. This had occurred following an investigation into an adverse incident that occurred in the centre. This required review to ensure all incidents were notified in line with regulatory requirements.

There were clear lines of authority and accountability in the centre. Staff working in the centre each day reported directly to the person in charge, while the staff at night reported to the night supervisor who then reported to the person in charge. A night-time staffing protocol clearly outlined this process, and it was also stated in the centre's statement of purpose.

Regular staff team meetings were held in No. 3 Portsmouth. Records of team meetings included a review of the assessed needs of residents to include recent falls, hospital admissions and activity plans. Learning from incidents was also discussed to prevent reoccurrence. A staff team meeting also took place on the inspection day.

One resident was in hospital at the time of the inspection. Staff spoken with were aware of the reasons why the resident was in hospital, with one staff member planning to visit the resident later that afternoon. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The number and qualifications of the staff team were appropriate to the number and assessed needs of residents. Residents were supported by a team of nurses, social care workers and care assistants in their home. Management noted that there were no staffing vacancies in the centre. A clear rota outlining the hours of duty of staff was available in the centre. Management were complimentary of the staff team and noted that they were effectively as a team to support the residents to live a life of their choosing.

A night-time staffing protocol had been developed to ensure effective oversight of the centre. Each morning, the night supervisor sent an email to the centre's management to report on the residents' wellbeing overnight. An on-call management procedure was also clearly outlined to staff in the event of an emergency.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. Staff had been supported to receive the following training;

- Fire safety
- Safeguarding of vulnerable adults

- Medicines management
- Hand hygiene
- Infection prevention and control

The inspector also reviewed evidence that 8 staff had received supervision with management in the centre in the previous 12 months.

Judgment: Compliant

Regulation 23: Governance and management

Management and oversight systems in place ensured residents received a safe service in their home. Auditing and review took place on a regular basis. This was outlined in a schedule of audits for the year which included the following areas;

- Infection prevention and control
- Restrictive practices
- Medicines management
- Environment and premises
- Fire safety
- Safeguarding of residents.

An annual review of the quality of care and support provided to residents living in the centre had been completed in May 2026. This audit noted areas for improvement and highlights of the previous year. Highlights included the installation of multi-sensory room equipment into the bedrooms of two residents and the reintroduction of overnight visits to family for a resident. This review also included consultation with residents and their representatives as required by the regulations.

In addition to the annual review, six-monthly unannounced visits were completed by management in the centre. The most recent of these audits had been completed in April and September 2025. Audits were noted to be comprehensive in nature, with actions plans being developed to identify areas for improvement. It was also included progression of actions from the previous inspection of the centre, and audits completed in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of three residents' contracts for the provision of care and support in No. 3 Portsmouth. The contracts clearly outlined the service

provided to each resident as a full-time residential service. It also clearly set out the fee for residents to live in their home.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had not ensured that the Chief Inspector of Social Services had been provided with notice in writing within three days of all adverse incidents occurring in the centre, as outlined under this regulation. The registered provider had failed to notify an incidence where a staff member was under review by a professional body. The notification to the Chief Inspector was submitted retrospectively after the inspection had taken place.

Judgment: Not compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evident that residents received person-centred supports in their home. While one minor action was required to ensure the appropriate storage of oxygen in the residents' home, this did not pose a significant risk to residents.

Residents' personal plans outlined residents' methods of communication. This was important to ensure that residents could express their views, likes and preferences. This included a thumbs up sign to indicate yes, and how a resident displayed signs of pain. It also include details of residents' likes and dislikes noting one resident liked to have 'good banter', and enjoyed a baileys coffee.

Birthdays were celebrated with residents being supported to share this day with family if they wished. One resident had been to visit their family to celebrate their birthday and there were plans for another resident to do the same. Residents availed of events and activities in their local area including concerts, matches, swimming and cinema trips. A music talent event has been announced for residents which was due to take place after the inspection. Residents also had plans to go to a musical in the Opera House over the summer months.

Regulation 10: Communication

Assistive technology was used to support residents to communicate their needs and wishes. Talking tiles were in use by one resident and these were readily available to them as they sat in their recliner chair in the sitting room. A tile displaying coffee beans to signal the start of their day, and a jar containing these were located beside the resident. Staff noted that the resident enjoyed the smell of coffee and this was an important part of their morning routine. Staff also noted that they were introducing new sounds of a gradual basis with the support of the resident's speech and language therapist.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to be active members of their local and wider community. Residents had recently been for a day trip on a wheelchair accessible boat, with staff reporting that this was enjoyed by residents. Photographs of the residents on the boat had been framed and were on display in their home. One resident was planning to go to a G.A.A match at the weekend with a friend who lived in a neighbouring house. A flag for the team supported by this resident was hanging from their wheelchair to reflect their support to the team ahead of the match.

Staff noted that residents enjoyed a variety of activities such as walks to a local hotel for a cake and a drink, mass in their local church and a church in a town they loved, concerts and the cinema. Residents had access to transport to access such amenities.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a personalised emergency evacuation plan to outline the supports they required in the event of an emergency in their home. Where specific equipment such as sliding sheets were prescribed, these were available to support the residents quickly and efficiently. The person in charge also ensured that regular fire drills were conducted to simulate both day and night-time staffing levels.

A fire safety folder was located in the centre's houses. This outlined that oxygen in use in one of the centre's houses should be stored in an appropriately designed holder. However, two portable oxygen cylinders were observed to be stored on the ground in front of two fire extinguishers which may delay access to these items in the event of an emergency. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs. Plans to guide staff to meet the assessed needs of residents were reviewed on an annual basis, and when changes to the residents' care and support needs occurred.

Multi-disciplinary support was provided to residents. This was provided by a team of allied health and social care professionals including G.P's, speech and language therapists and occupational therapists.

Residents were supported to develop personal goals as part of the centre's person centred planning process. Goals for 2026 included plans for hotel nights away, connecting with new friends and participating in baking and cooking.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure residents were protected from all forms of abuse. The inspector reviewed the investigations and reviews into three allegations of suspected abuse. This noted that such allegations were reported in line with statutory guidance and the registered provider's safeguarding policy. It was also noted in follow-up information received that actions were taken in response to alleged safeguarding concerns.

Intimate care plans had been developed to support residents. These plans included the level of staffing assistance required, and the areas resident required staffing supports.

Judgment: Compliant

Regulation 9: Residents' rights

Measures had been put in place to ensure the rights of residents were respected and promoted. The window into a resident's bedroom had been frosted to protect

their privacy since the previous inspection. Residents were supported to have regular meetings to ensure they consulted about matters that impacted them.

Management noted that one resident was prescribed a sleep system when in bed. The resident had been declining to use this and this choice was respected when communicated by the resident. It was also evident that this was under multi-disciplinary supports to identify what other supports could be offered to the resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 3 Portsmouth OSV-0008001

Inspection ID: MON-0044850

Date of inspection: 20/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge has ensured the late notification identified in relation to a former employee was submitted onto the portal by 30/05/2026. The PPIM and Provider have ensured that Trust in Care Procedures will be updated to include a prompt to consider if an NF08 may be necessary. 30/06/2026	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider will ensure: The Provider will continue to ensure fire precaution measures are kept updated. The Person in Charge has ensured • the immediate removal of oxygen from location by the fire extinguishers. [20/05/2026] • A suitable location has been identified for the storage of oxygen and a suitable storage cabinet will be in position [30/06/2026]	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/06/2026
Regulation 31(1)(h)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body.	Not Compliant	Orange	30/06/2026